

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09781332  
APPLICANT(S)  
FILING DATE  
02-13-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17	1					
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21		1				
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29		1				
30		1				
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36		1				
37		1				
38		1				
39	1					
40		1				
41	1					
42	1					
43		1				
44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50	1	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52		1						
53		1						
54		1						
55		1						
56		1						
57	1							
58		1						
59		1						
60		1						
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95								
96								
97								
98								
99								
100								
TOTAL IND.	14							
TOTAL DEP.	50							
TOTAL CLAIMS	64							